

Name in Full

Certificate of Death

Mary Bennett Baker

Town

County

MARYLAND

Died at

Bansons

Harford

Date

1903

Month

Day

Oct 2

Y.

M.

D.

Native of

Occupation

Age

84

Harford

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

~~Husband~~

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

Mary Cashman

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

H L Baker

Address

Aberdeen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Died at

Date 1903

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

16

2

Age

19

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

None

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Consumption

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79B98



Wilbur Mc Burdy Day

Town

County

Died at Pylewell Harford

MARYLAND

Date 1923 Oct. 29th Age 1. 4

Month Day Y. M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name George H. Day Mother's Maiden Name J. H. Proston

Cause of Death { Primary Catarrh fever Immediate

How long sick 1 week

Accident, Suicide, Homicide

Reported by Dr. Wm. B. Hayward

Address Pylewell Harford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

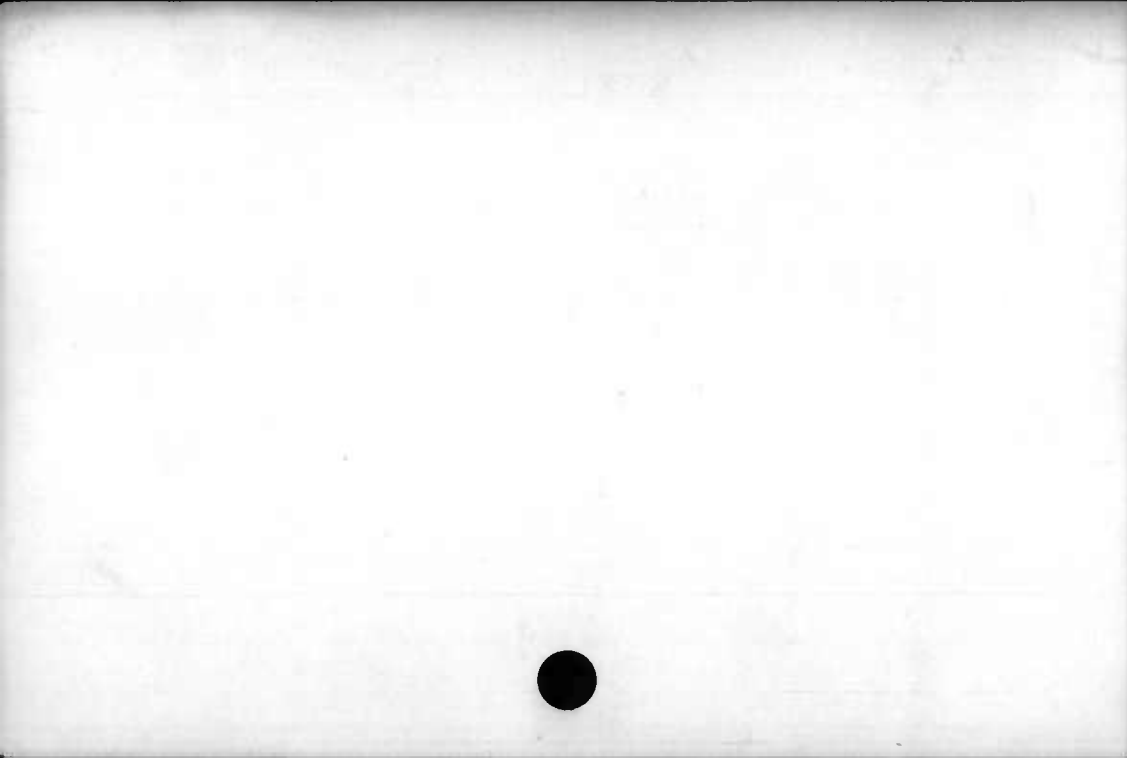
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1908		Oct.	22	Age 57			
Sex	Male	Color or Race	White	Birth-place			
Married, Single or Widowed	Widower	Occupation	Laborer				
Name of Wife	- Maggie Gilbert						
Father's Name	William M. Gilbert			Father's Birthplace			
Mother's Maiden Name	Jane O. Parker			Mother's Birthplace	G. Gilbert Co.		
Name of person giving information	J. Gilbert			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asphyxia	How long	5 or 6 yrs
Immediate	Heart Disease	How long	1 yr.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. W. Smith
		Address	Beane & Sons
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

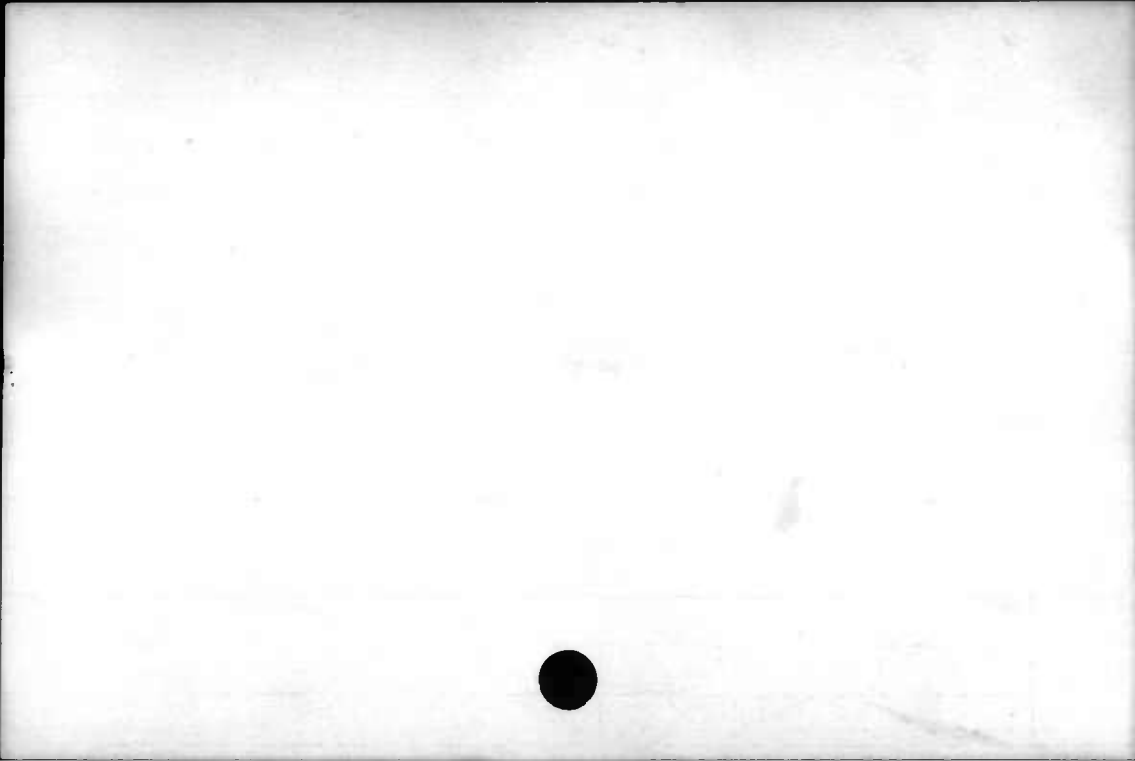
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bessie Gordon</i>		Town <i>Jamsville</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Jamsville</i>		Date of death 190 <i>3</i>		Age <i>22</i>		Months <i>—</i>	
Month <i>Oct</i>		Day <i>4</i>		Years <i>22</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Baltimore Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>130 Servant</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Squire Gordon</i>				Father's Birthplace <i>Cecil Co, Md</i>			
Mother's Maiden Name <i>Lavinia Luquius</i>				Mother's Birthplace <i>Cecil Co "</i>			
Name of person giving Information <i>Georgia Blaton</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Confinement</i>		How long <i>48 hrs</i>	
Immediate <i>Peritonitis</i>		How long <i>48 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm B Smith M.D.</i>	
		Address <i>Jamsville</i>	
Accident or Suicide? <i>—</i>		<i>Md.</i>	



Name in Full

Certificate of Death

Died at

1903

Date

Male

~~Female~~

Husband

~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

~~Divorced~~

Widower

Number of children living - five

Mother's

Name

Primary

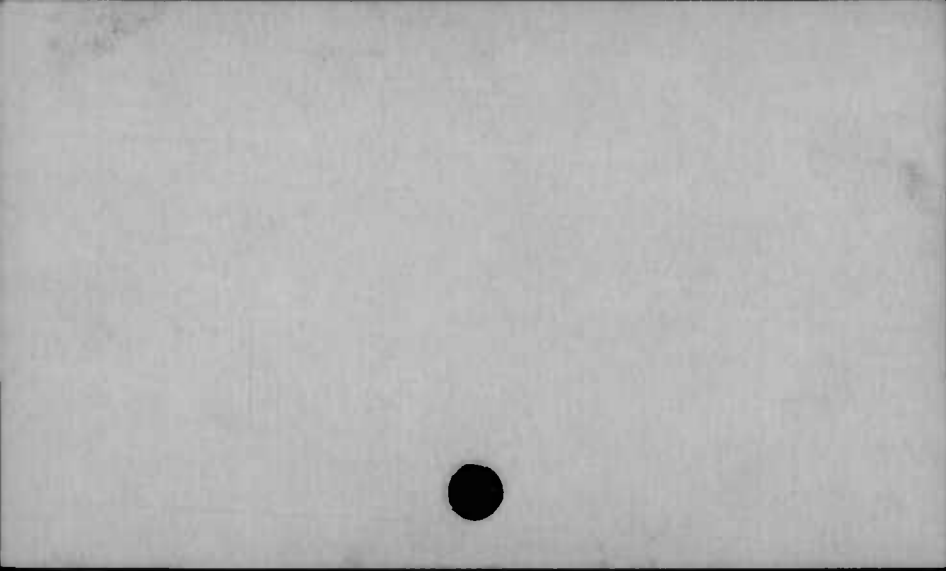
Immediate

How long sick

~~Accident, Suicide, Homicide~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Lucy Johnson

CERTIFICATE OF DEATH

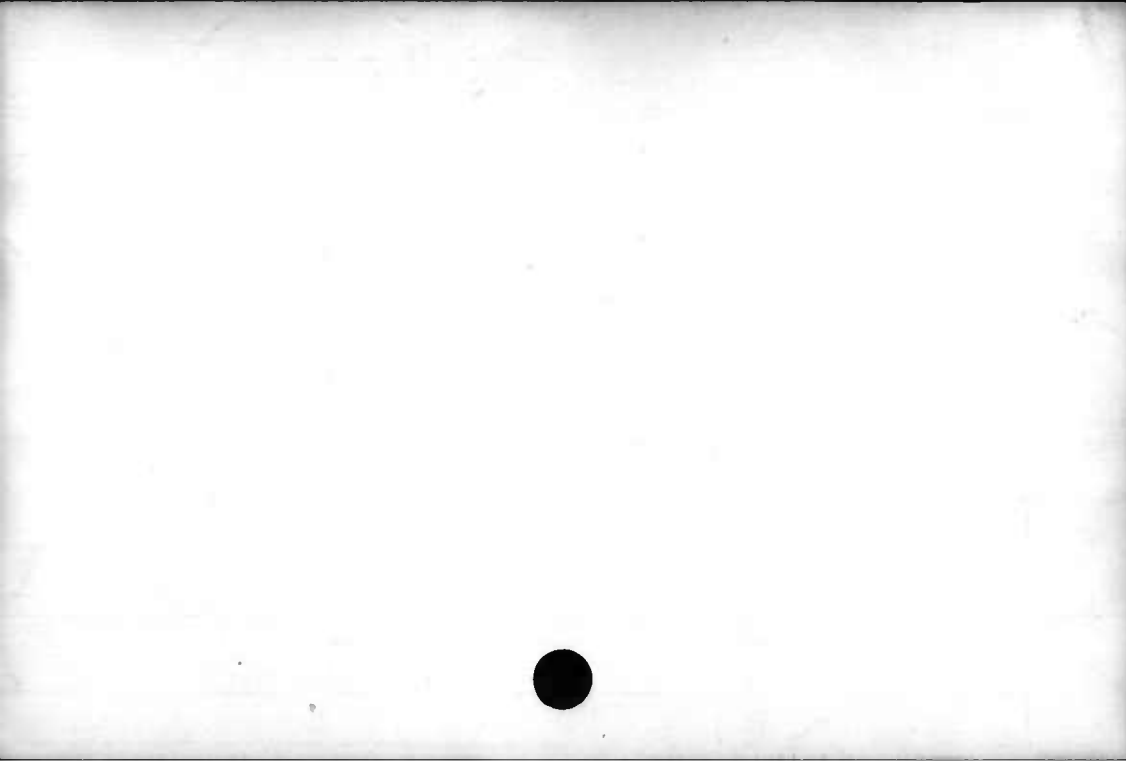
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Churchville</i>		County <i>Harford</i>		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>21</i>	Age <i>30</i>	Years	Months <i>1</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Churchville, Md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Domestic</i>					
Name of Wife or Husband							
Father's Name <i>Shadrach Johnson</i>				Father's Birthplace			
Mother's Maiden Name <i>Amelia Dorsey</i>				Mother's Birthplace			
Name of person giving information <i>W. S. Gorsuch</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>200 months</i>
Immediate <i>valvular heart disease</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>W. S. Gorsuch, M.D.</i>
	Address <i>Churchville, Md</i>
<i>Accident or Suicide?</i>	



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1893

Month

Day

Y.

M.

D.

Native of

Occupation

1903

Oct 1

Age

21 Harford

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Adison Jones Mary Jones

Cause of

Primary

How long sick

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

Bazley & Baldwin

Address

Level

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1896



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H. Krith</i>		Town <i>Baltimore</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Baltimore</i>		Month <i>3</i>		Day <i>14</i>		Year <i>1911</i>	
Date of death 190		Month <i>3</i>		Day <i>14</i>		Age <i>83</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Shoe Maker</i>					
Name of Wife or Husband <i>Mary L</i>							
Father's Name <i>—</i>		<i>79</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>						Mother's Birthplace <i>—</i>	
Name of person giving Information <i>Evel Dean</i>						How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Stenosis</i>	How long <i>27 yrs</i>
Immediate <i>4 days</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Ballingsworth</i>
	Address <i>Baltimore Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

10 17 55 Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Rachel Lee

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

1903

Oct 18

Age

34.7

Widow

Housewife

☒ Male☒ White☒ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower

Number of children living

1

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Wm Lee

Lucy Ringgold

Cause of

Primary

Consumption

How long sick

6 yrs.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Richard H. Johnson M.D.

Address

Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Sandford Little

CERTIFICATE OF DEATH

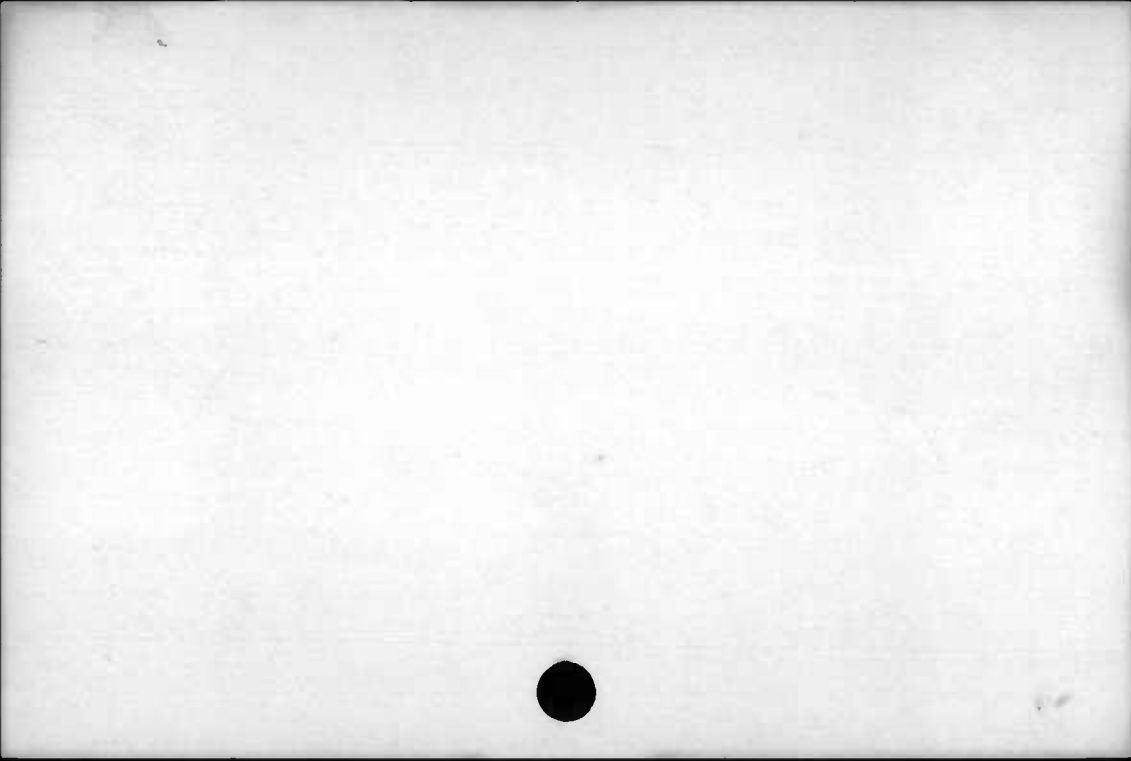
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poole</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>October</i>	Day <i>19th</i>	Age <i>3 Weeks</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Poole</i>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>John W. Little</i>			Father's Birthplace <i>Harford Co. Md</i>		
Mother's Maiden Name <i>Laura L. Duff</i>			Mother's Birthplace <i>Harford Co. Md</i>		
Name of person giving information <i>The Mother</i>			How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>a twin, very small & feeble</i>	How long _____
Immediate	_____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ephraim Hopkins</i>
		Address <i>Darlington</i>
Accident or Suicide? _____		



Name
in
Full

Andrew Mann

CERTIFICATE OF DEATH

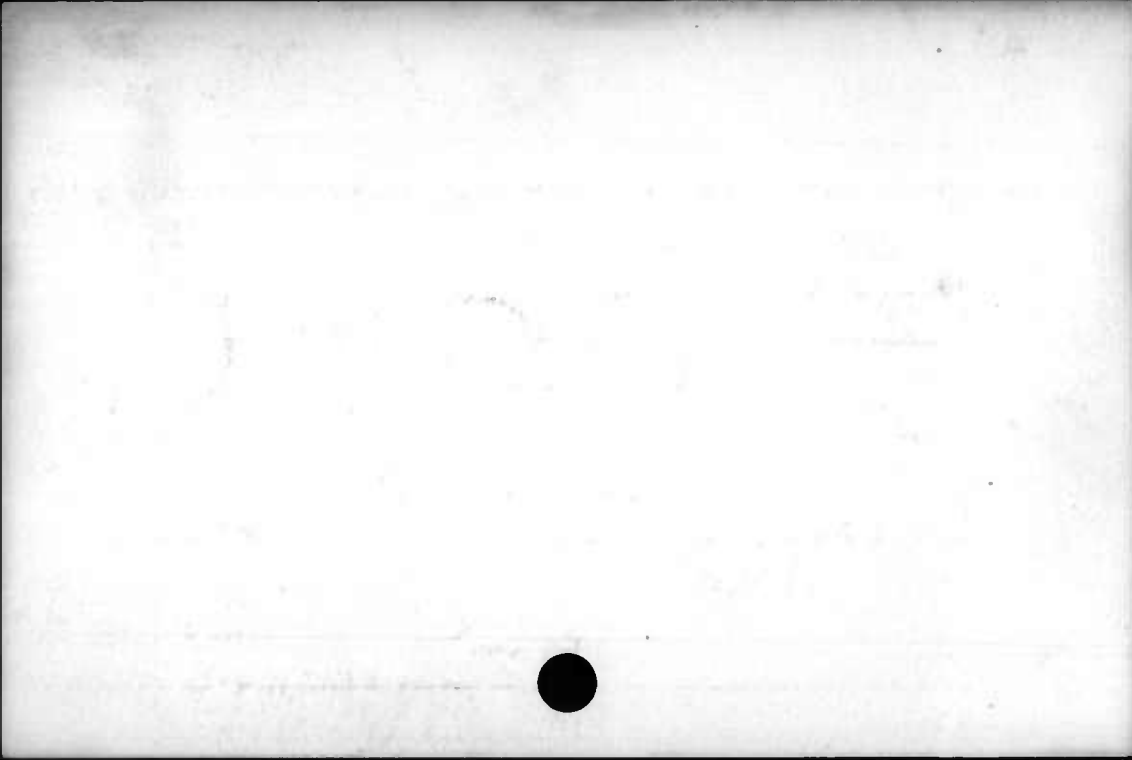
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dane</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Oct</i>		Day <i>12</i>		Age <i>57</i>		Years <i>7</i> Months <i>12</i> Days	
Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>Bastian Co</i>					
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>							
Name of Wife or Husband <i>Amanda Hopkins Mann</i>									
Father's Name <i>Andrew Mann</i>		Fether's Birthplace <i>W. Va. Co. W. Va.</i>							
Mother's Maiden Name <i>Amanda Hopkins</i>		Mother's Birthplace <i>Harford Co. Md.</i>							
Name of person giving information <i>79</i>		How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>Six Months</i>	
Immediate <i>Artery Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. F. N. Arthur</i>	
		Address <i>Street 7nd</i>	
Accident or Suicide?			



Cora May Michael

Town

County

Died at Pylesville

Harford

MARYLAND

Date 1903-10-17

Month

Day

Y.

M.

D.

Age 24-4-6

Native of Maryland Occupation Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 6

Husband of Henry J. Michael

Wife of

Father's Name John J. Lantry

Mother's Name Jane Hughes

Cause of Primary Burned

Death Immediate Shock

How long sick

1 day

Accident, Suicide, Homicide

Reported by

Address

W. H. C. C. C.
Hella Pa



Name in Full

Certificate of Death

Sarah Clemmie Mitchell

Town

County

Died at

MARYLAND

Date 1903 Month 6 Day 18 Y. 57 M. D. Native of Occupation

Date 1903 Month 6 Day 18 Age 57
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name Sylvester Mitchell Mother's Name Sarah Ann Mitchell

Cause of Primary Consumption How long sick 12 months

Death Immediate Accident, Suicide, Homicide

Reported by Miss Carrie Mitchell J. H. H.

Address Brynman Abertem Inc

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Charles Montz

Town

County

Died at

Harris de Grace

Hartford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 18

Age 68

German

Baker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Valvular Disease of Heart

How long sick

2 or 3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. C. Crothers

Address

Harris de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75606



Name in Full		Wakeman B. Mumukhysen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bella's Town		Harford County		MARYLAND	
	Date of death	1903	Oct	27	Age	58	Months 10 Days -
	Sex	male		Color or Race	white		Birth-place
	Occupation	Physician		Where Residing if not at place of death		Bella's, Md	
	Married, Single or Widowed			Name of Wife or Husband		Annie F.	
	Father's Name	Wm. Mumukhysen				Father's Birthplace	Md
	Mother's Maiden Name	Brisley				Mother's Birthplace	Md
	Name of person giving Information	Edw. Richardson				How related to deceased	nephew
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's disease				How long	2 years.
	Immediate	Uremia poisoning				How long	3 days.
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				Edw. Richardson		
	Address				Bella's, Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Sex

~~Married~~ Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formationParrit
County

Harford

MARYLAND

Age

Years

Months

Days

Color or
Race

White

Birth-
place

Md.

Occupation

Father's
BirthplaceMother's
BirthplaceHow related
to deceased

Faither

CAUSES OF DEATH

Primary

None closure of heart wall.

How long

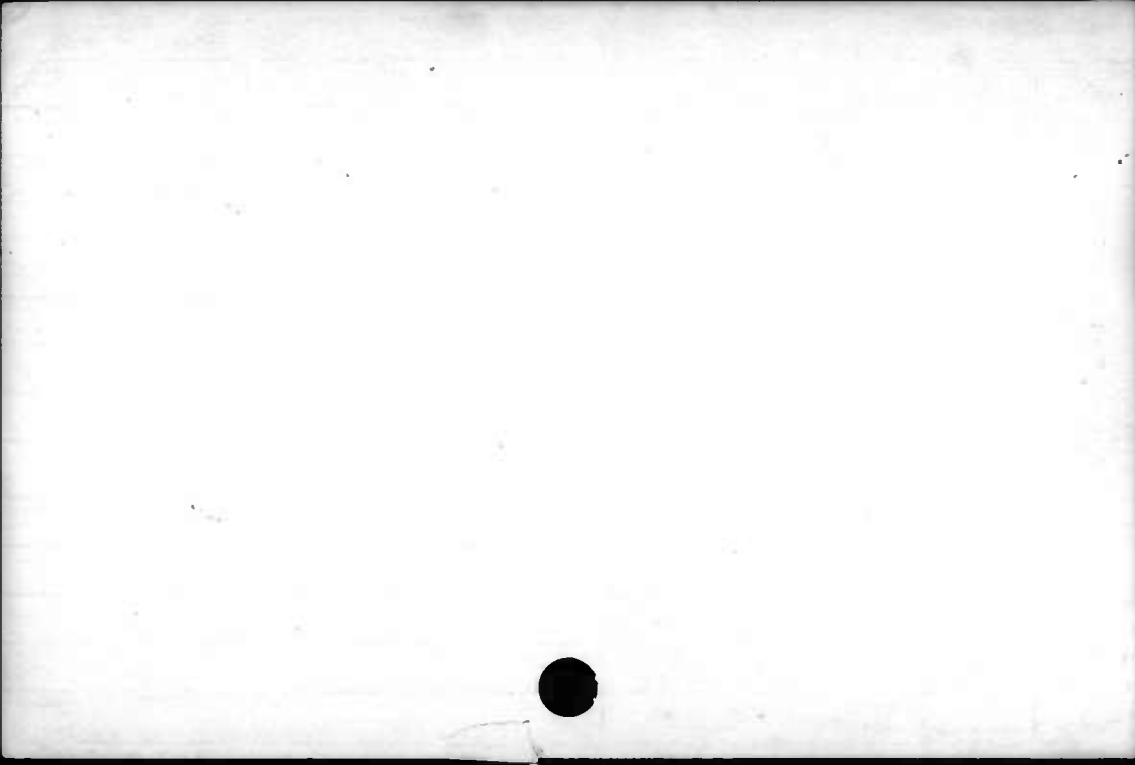
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

P. Warren Ramsey
Delta York PaPHYSICIAN
OR CORONER

Accident or Suicide?



Name In Full

Certificate of Death

Annie B Reynolds

Town

County

Died at

Michaelsville

Harford

MARYLAND

Date 1900

Month

Day

Y

M.

D.

Native of

Occupation

10.8

Age

2

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Mother B Reynolds

Annie Shilling

Cause of

Primary

Membranous Ovary

How long sick

24 hrs

Death

Immediate

Lymphatic Depletion

Accident, Suicide, Homicide

Reported by

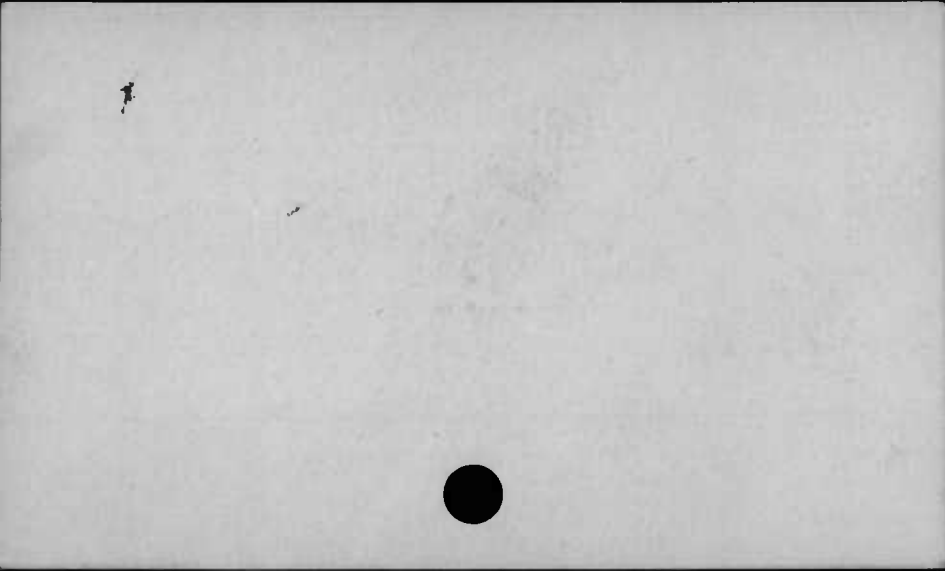
J. H. H. H.

Address

Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

William H. Simpson

Died at

Town, Michael'sville,

County

Harford

MARYLAND

Date

1903

Month

Day

Oct. 22

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Nephritis

How long sick

Death

Immediate

Uræmia

Accident, Suicide, Homicide

Reported by

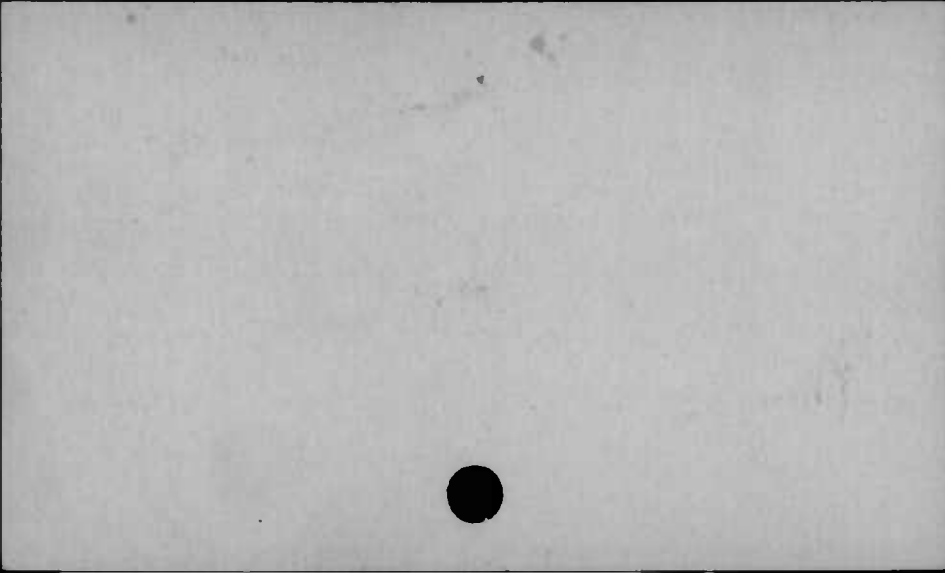
Chas. H. Smith M.D.

Address

Abundum Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65922



Name
in
Full

Kath Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bel Air		7 Harford		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	10	21	34			
Sex	Female		Color or Race	Colored		Birth-place	7 Harford
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	Edw. Stewart						
Father's Name	Joshua C Bond				Father's Birthplace	7 Harford	
Mother's Maiden Name	Charlotte De Courcy				Mother's Birthplace	7 Harford	
Name of person giving information	Wm E Brown				How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction		How long	4 days
Immediate	Pulmonary Edema - Asphyxia		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		R. S. Page M.D.		
Address		Bel Air. Md.		
Accident or Suicide?				

Submucosa

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Oct.</i> ^{Month}	<i>25</i> ^{Day}	Age <i>18</i> ^{Years}	<i>11</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Scottsford Va</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>B. F. Storer</i>			Father's Birthplace <i>Stamtons Va</i>		
Mother's Maiden Name <i>Mary R. Lerange</i>			Mother's Birthplace <i>Scottsford Va</i>		
Name of person giving information <i>Father B. F. Storer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ulcer of Stomach</i>	How long <i>One day</i>
Immediate <i>Hemorrhage</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. P. Mushen</i>
	Address <i>Forest Hill Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Cliff S. Webster</i>		Town <i>Pove</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Pove</i>		Month <i>Oct</i>		Day <i>8</i>		Age <i>15</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>negro</i>		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name <i>Judea Webster</i>						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>3 months</i>	
Immediate <i>" "</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Dr F X Arthur</i>	
		Address <i>Street 2nd</i>	
Accident or Suicide?			

